The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIII MARCH, 1957 No 3

FIRST FRUITS OF LABOR

Monday, April 1st, promises to become a day of very great significance in the history of our Society. On that day the Medicolegal Committee plans to translate into action the first of several recommendations presented by the Special Study Committee at the meeting of May 1, 1956.

For the purpose of orientation it might be well to review briefly the history of this extraordinary committee, which was first appointed by President Putnam some two years ago. After numerous conferences with labor, insurance companies, lawyers and the compensation board it brought in a comprehensive report supplemented by an impressive list of specific recommendations. (A condensed version of this report appeared in the Summer, 1956, issue of The Hippocrat).

Following this, great speculation arose whether any of these recommendations would ever be implemented. All doubt, however, was dispelled several months ago when President Holleran appointed an even larger committee (numbering some 60 names) with authority not only to study further but also to act and to " . . . . commit yourself to whatever you collectively consider to be for the best interests of the Society". The Special Study Committee as it now stands consists of the following six subcommittees: Industrial Accident Board, Medicolegal, Malpractice, Labor, Insurance and Brochure. (A complete listing appeared in the Hippocrat of January, 1957.)

And now we come to the momentous date of April 1, when a joint meeting with Hampden County lawyers, as described elsewhere in this issue, is to be held under the auspices of the Medicolegal Committee. The American Medical Association considers this phase of medicine so important as to offer this winter special medicolegal symposiums in several parts of the county. (See page 9).

Dr. Wayne Barnes and his Medicolegal Committee are to be highly commended for their undertaking. They warrant our wholehearted support, which we can best demonstrate by attending in large numbers the meeting of April first. M. M.

SPECIAL MEETING

A joint meeting of the Society and The Hampden County Bar Association will be held on Monday, April 1, 8:00 p. m. at the Municipal Hospital Auditorium, State Street, Springfield. Dr. Allen G. Rice, Sec.

(See page 9.)

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 600 Copies.

OFFICERS OF THE
HAMPDEN DISTRICT MEDICAL SOCIETY

President—Harold J. Holleran, M. D.
Vice President—Allen S. Johnson, M. D.
Secretary—Allen G. Rice, M. D.
Assistant Sec.—Harry N. Memery, M. D.
Treasurer—Howard Brown, M. D.

BOARD OF EDITORS

Edward P. Bagg, M. D., Editor-Emeritus
Max Millman, M. D., Editor-in-chief
Harry N. Memery, M. D., Assistant Editor

Associate Editors

Eoline C. Dubois, M. D. John A. Burke, M. D.
Jerome A. Whitney, M. D. Ralph T. Miller, M. D.
John C. Ayres, M. D. John F. Wonson, M. D.

William A. R. Chapin, M. D.
Founder and Advisory Manager

John E. Leary, M. D.
Secretary and Business Manager

FEBRUARY COUNCIL MEETING

The Council of the Massachusetts Medical Society met on February 6th. At that sitting several innovations were tried in the hope of expediting if possible the conduct of the heavy agenda which accumulates every four months.

First off, the meeting was called for one o'clock instead of ten thirty, plus a preliminary hour and a quarter allowed for ingestion of time tried, if not honored, Waldorf salad, with a view as stated to better accommodate the outlanders who heretofore have risen of necessity with the lark, or more accurately at this time of year with the hardy blue jay. But from the hinterland, it looks more like an attempt to thwart those restive councilors who up to now have snuck off after lunch to tend to their knitting,-may be a bit of research under Ted Williams at the Sportsman's Show—instead of medical affairs of state. As events transpired, however, the meeting did not break up until nigh unto six o'clock as against the customary approximation of 3.30 P. M. We lark-risers must still be convinced that the change saved time for anyone beside the caterers. The hardness of those seats perhaps accounted for the steady drift of councilors elevatorwards after four o'clock. Sitting forward we were in no position to compare the head-count with those of previous meetings, but the Scribe must have known whether or not a quorum remained.

Then too, a lay figure made his maiden appearance on the dais at the right hand of the President, a professional parliamentarian from the Harvard School of Business Administration. After his five hour ordeal, it would not be surprising if he should exercise a maidenly privilege and turn down any further invitations. Incidentally, President Root needed little else than moral support from the gentleman. We are inclined to veto the suggestion that such a non-medical person should preside at our meetings. A medically trained head in our opinion would be better equipped to decide the relative urgency of many questions. Most of our presidents have managed to assimilate enough of General Robert's rules to keep the ball in play even while our nimblest fielders are tossing the pill to all corners of the diamond.

Another departure from the usual procedure lay in presenting the recommendations of the Executive Committee before the report of each specific committee. This led to considerable confusion and not a little consternation. For example, when the Secretary moved acceptance of the Executive Committee's approval of the report of the Committee on Blue Cross and Blue Shield, no one rose to discuss the find-

Address Business Correspondence to:
Dr. John E. Leary
146 Chestnut Street — Springfield, Mass.
Telephone: RE 4-3381

ings. The vote of approval forthwith ended this controversial matter without debate, to the amazement of many councilors, Charles B. S. Hayden in particular, whose audible gasp spoke volumes. As a matter of record, before the meeting was adjourned, one Hampden councilor, himself a surgeon, asked to be recorded in opposition. Another younger surgeon from the same District, making his initial appearance in the Council, was bowled over by such steam roller tactics? He felt himself denied an opportunity, first to study the details, and secondly to express his views. It would indeed be difficult to reach full agreement on the subject of medical fees, since most of us stand to benefit by the suggested changes, particularly fellows in the lowest paid group of all, the pediatricians. But somehow, somewhere we believe that these surgical grievances should be aired.

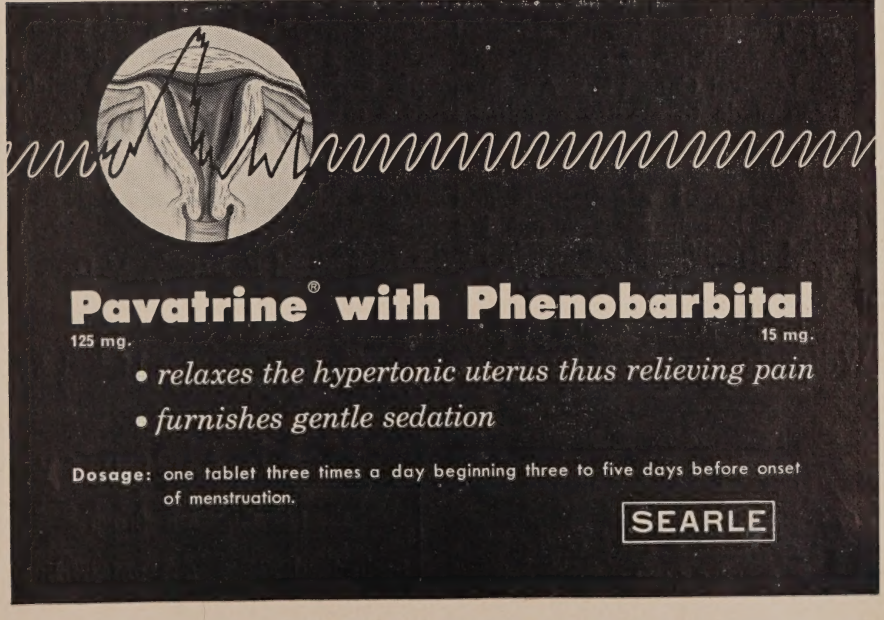
True enough, the Executive Committee originally was created to lessen long hours of debate in the Council and to attend to much routine business which overburdened agendas at that time. Obviously much good has been accomplished, but we feel strongly that the precedence in reporting results of committee work should revert once more to the Chairman of each committee or his designated substitute who must be available to explain details and answer questions. Then, before action is called for the Secretary may present the fruits of Executive Committee thinking. It might be feasible to restrict reporting in person to such reports only that contain definite resolutions When a report is solely informational, inclusion in the printed advance information might suffice except in exceptional cases of especial interest and when time permits, at the discretion of the Secretary. S. Q. Lapius

COMPLIMENTS

Ernest A. Byron

SPRINGFIELD

in dysmenorrhea


Pavatrine® with Phenobarbital
125 mg.
15 mg.
• relaxes the hypertonic uterus thus relieving pain
• furnishes gentle sedation
Dosage: one tablet three times a day beginning three to five days before onset of menstruation.
SEARLE

THE WELFARE PROBLEM

(Concluded from February Issue.)

When the Medical Care Plan was finally implemented, a howl went up from physicians that resounded throughout the Commonwealth. Its echoes are still reverberating in the district societies and in the Council of the Massachusetts Medical Society. Cries of "dictatorship" and "socialized medicine" were and are still heard. All of these accusations are unquestionably true. The fact is that the Medical Care Plan is the worst type of dictatorial medicine. It is regimentation without the advice or consent of the medical profession. It is socialization of medicine among less fortunate groups—among patients who are unable, because of their plight, to fight back. To physicians it is the imposition of a "lay-created" system of medicine on recipients of public assistance. These patients constitute the logical stepping off place for the beginnings of bureaucratic medicine. To physicians of this state, then, the implementation of the Medical Care Plan is a prologue of things to come.

The Committee on Welfare Problems of The Massachusetts Medical Society has spent many hours discussing the Medical Care Plan. Attempts have been made to modify certain of its features. In general our efforts have been in vain. This committee, after at least two years of negotiations and conferences, has brought about but minor and insignificant changes in the plan. It is convinced that the present method of totalitarianism accepted by or accorded the Commissioner of Public Welfare is an affront to the dignity of the finest traditions of medicine. Furthermore, it has at last come to the realization that such injustices as have been committed can be corrected only by legislation. It recently recommended to the Council that steps be taken in this direction.

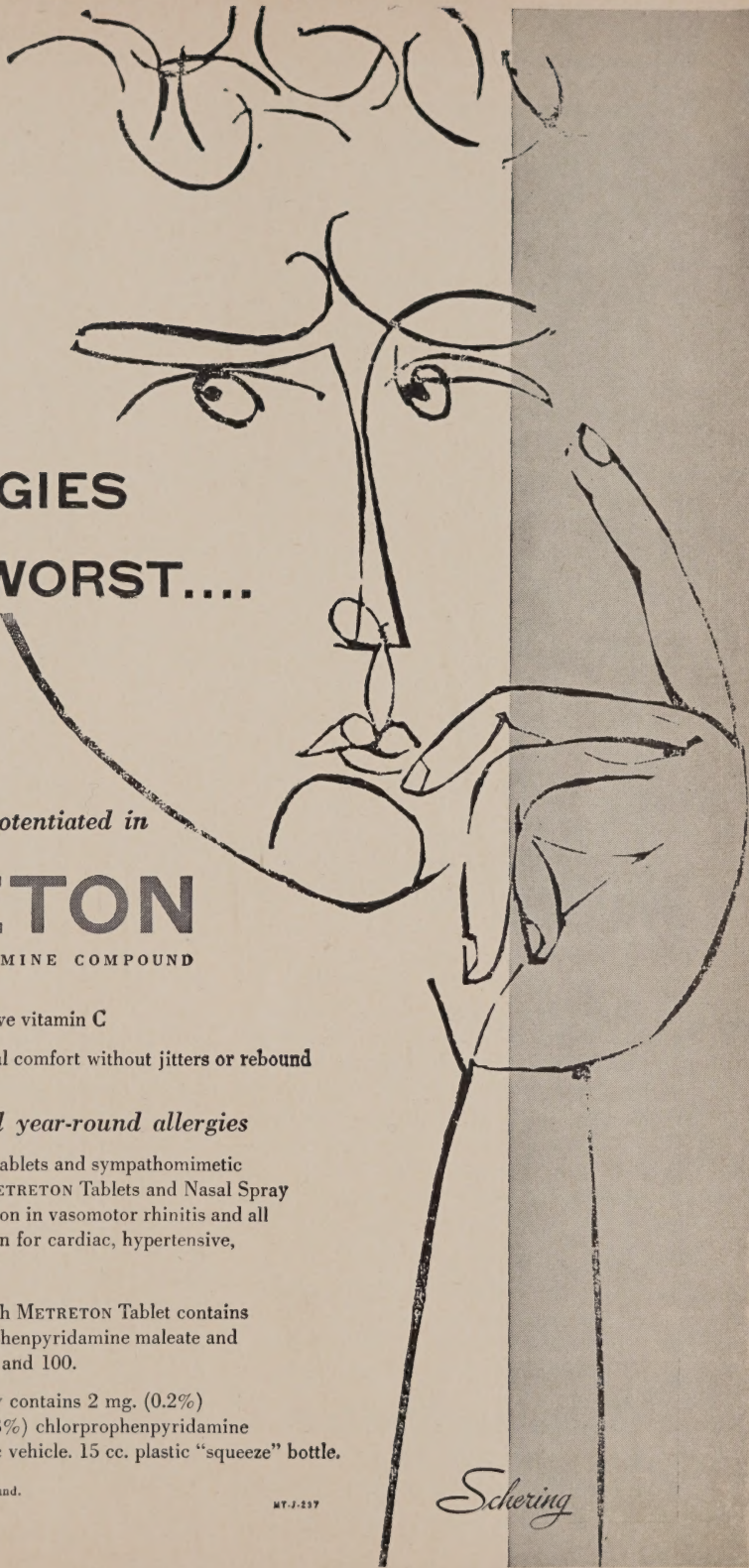
The Legislative Committee of the Council has therefore introduced into the State Legislature Senate Bill #123 which is designed to correct one of the injustices of the Medical Care Plan. This bill seeks to repudiate a decree by the Commissioner which forces patients to go to a so-called "non-profit, charitably incorporated hospital" if such an institution is located within a twenty-five mile radius of the town of residence of the recipient, thus depriving him of treatment in the local hospital of his home town. The term "non-profit, charitably incorporated hospitals" actually refers to teaching hospitals with house services where these patients, who incidentally are wards of the Commonwealth, may be treated at a cheaper rate without compensation to a physician.

Senate Bill #123 is only an initial step in our legislative efforts. It deserves the support of every physician in the state. This and other legislation can pass if the physicians of the state put their weight behind it. Legislation is a great bulwark against control of the practice of medicine by dominating laymen. Let's keep the healing art where it belongs—in the hands of physicians.

Howard P. Kenedy, M. D.
Chairman, Committee on
Welfare Problems
The Massachusetts Medical Society

ESTABLISHED IN 1861
FUNERAL SERVICE
Dickinson-Streeter Co.
Springfield, Mass.

Harris Pharmacy
139 Chestnut Street
Springfield Massachusetts



FOR ALLERGIES AT THEIR WORST....

Meti-steroid benefits are potentiated in

METRETON

METI-STEROID—ANTIHISTAMINE COMPOUND

TABLETS with stress-supportive vitamin C

NASAL SPRAY prompt nasal comfort without jitters or rebound

especially for resistant and year-round allergies

Because edema is unlikely with the tablets and sympathomimetic effects are absent with the spray, METRETON Tablets and Nasal Spray afford enhanced antiallergic protection in vasomotor rhinitis and all hard-to-treat allergic disorders—even for cardiac, hypertensive, nephritic and cirrhotic patients.

COMPOSITION AND PACKAGING: Each METRETON Tablet contains 2.5 mg. prednisone, 2 mg. chlorprophenpyridamine maleate and 75 mg. ascorbic acid. Bottles of 30 and 100.

Each cc. of METRETON Nasal Spray contains 2 mg. (0.2%) prednisolone acetate and 3 mg. (0.3%) chlorprophenpyridamine [illegible]onate in a nonirritating isotonic vehicle. 15 cc. plastic "squeeze" bottle.

METRETON,® brand of corticoid-antihistamine compound.

MT-J-257

Schering

CORRESPONDENCE

EYES FOR THE BANK

Dear Hippocrat:

A recent front page news item told the story of this Springfield woman who on her death bed willed her eyes to the Eye Bank. Within 24 - 48 hours two patients obtained successful corneal transplants as a result of this woman's magnanimous generosity.

Publicity of this type is, I believe, good public relations. It is beneficial to our profession to let the public know from time to time how much good doctors and hospitals can do for suffering humanity.

Another thing it points up is the great need that exists for eyes for corneal transplants as well as research. The shortage is pathetic. No one is in a better position to familiarize the public with this shortage than the family physician.

George Corcoran, Jr., M. D.

THE IRONY OF IT ALL

Dear Hippocrat,

I have recently received a note from the Wasserman Laboratory in Boston to the effect that due to lack of funds it will no longer be able to furnish ABO or RH blood typing service. This, in one sense, is welcome news as it denotes perhaps a minor victory for free enterprise over state medicine. What does seem strange however, is that a health service of this nature should be discontinued at a time when the annual state budget is about to be increased by 25%.

Ralph T. Miller, M. D.

Apology to N. E. Journal of Medicine

Dear Hippocrat:

Dr. Joseph Garland, editor of The New England Journal of Medicine, wrote me pointing out an error in my sketch of Dr. John H. Ebersole, guest speaker at our February meeting. In the last sentence I credited the JAMA with publishing his article on radiation exposure patterns on the USS Nautilus whereas actually this appeared in the New England Journal of Jan. 10th. I have apologized to Dr. Garland and would appreciate it if you would be kind enough to give the New England Journal due credit for the article.

Harry N. Memery, M. D.,
Assistant Secretary,
Hampden District Medical Society

G. P. CORNER

All local interested G.P.'s are invited to attend the meetings of the Springfield Region Chapter held on the first Wednesday of each month at the Municipal Hospital.

* * * * *

The Clinical Assembly of the Massachusetts Chapter A.A.G.P. will be held at the Harvard Club, Boston on April 27 and 28.

* * * * *

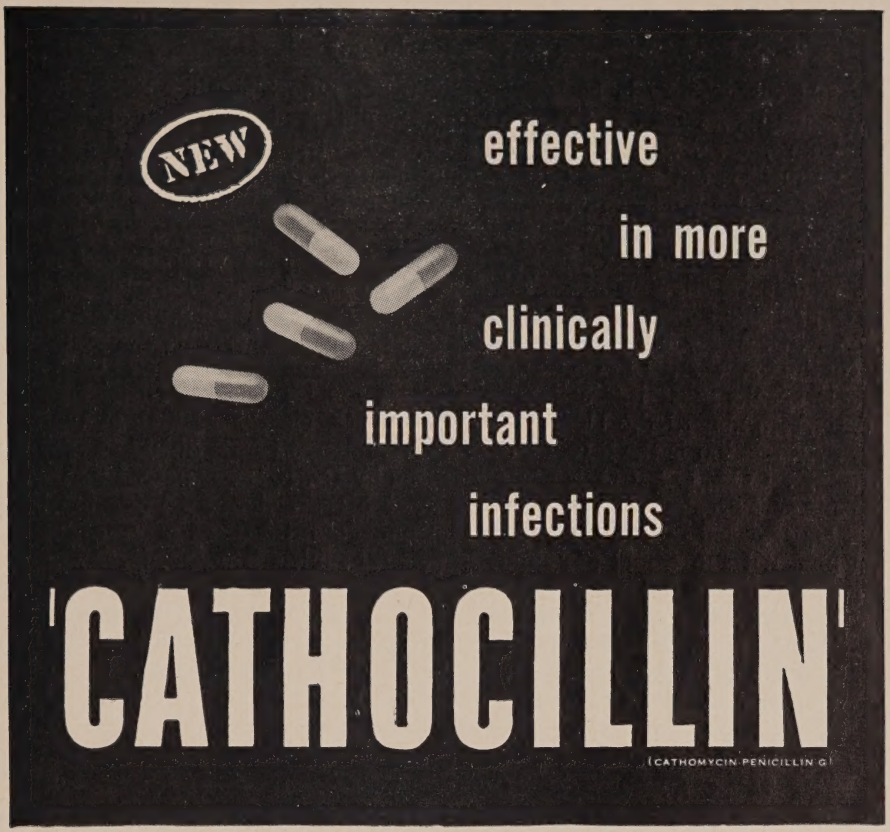
The American Academy of General Practice is now the second largest medical organization in the United States, exceeded only by the A.M.A. The current directory lists 21,289 G.P. names.

* * * * *

Many local G.P.'s are planning to attend the Annual Scientific Assembly of the A.A.G.P. at St. Louis, Mo. March 25 - 28.

Wilbraham's First Drug Store
Wilbraham Pharmacy
2769 Boston Road
Wilbraham, Mass.

Compliments
Edward F. O'Donnell
FUNERAL HOME
Springfield



COMPARE THESE ADVANTAGES:

Indicated in the largest number of clinically important infections including those caused by antibiotic-resistant *staphylococci* and *Proteus*. Therapeutic, *bactericidal* blood levels are promptly achieved. Generally well tolerated because the normal intestinal flora is not appreciably disturbed by CATHOCILLIN. No cross-resistance, yeast or fungal superinfections, vaginitis or proctitis have been reported with CATHOCILLIN.

Consider Cathocillin for these clinically important infections: tonsillitis; pharyngitis; pneumonia; otitis media; streptococcal sore throat; infected tooth sockets; Vincent's infection; acne and superficial skin infections; impetigo; boils, furuncles and carbuncles; lung abscess; bronchitis; mastitis; osteomyelitis; wound infections; postoperative wound infections and infected lacerations; staphylococcal enteritis, staphylococcal diarrhea of the newborn; peritonitis (caused by susceptible organisms); pelvic inflammatory disease; gonorrhea, gonococcal arthritis; urethritis; scarlet fever; erysipelas.

Dosage: for adults, 2 capsules q.i.d.; where preferred, t.i.d. dosage can be used with bedtime dose doubled. For children under 100 lbs., dosage in proportion to weight (e.g., 1 capsule q.i.d. for a child weighing 50 lbs.).

Supplied: Blue and white capsules of CATHOCILLIN, each containing Sodium Novobiocin (equivalent to 125 mg. of Novobiocin) and Potassium Penicillin G 75 mg. (125,000 units); bottles of 16 and 100.

In one prescription the* one *antibiotic combination* most *likely to be effective

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

FEBRUARY MEETING HIGHLIGHTS

(Rovelli's Restaurant)

The old discrepancy is back again: 206 promised to attend but only 172 showed up . . . . Secretary Rice is much perturbed, but is gratified with the near record attendance . . . .

Vice-president Johnson presides very ably in the absence of President Holleran, who is vacationing . . . . Guest speaker presents talk prior to business session . . . . Many hope this practice will continue . . . . Lt. Commander Ebersole speaks most interestingly of his two years aboard the USS Nautilus . . . . Radiation is the least of worries . . . . CO_2, O_2, CO levels and odors present greater problems . . . . "Nautilus traveled 60,000 miles . . . . diesel powered sub would use up 170,000 gallons of fuel oil for same trip . . . . The reactor as a source of energy will be of great importance to the civilian economy of the future".

Dr. Putnam, Barnes, O'Malley, and Turner report significant progress of Committees on Industrial Accident Board, Medicolegal, Labor and Malpractice . . . . Meeting goes into executive session with fireworks on Blue Shield and Medicare . . . . Light power fails putting us even further in the dark . . . . Looks like sabotage for a moment . . . . Thank goodness for pen lights and candles . . . . Resolution is adopted approving letter of protest from the Blue Shield District Professional Service Committee to the State Committee on Blue Shield . . . . A motion by Dr. Reilly is passed that a District Meeting be held prior to that of Councilors for discussion of controversial subjects on agenda.

Harry N. Memery, M. D.
Assistant Secretary

(Editor's note: For further elucidation of Blue Shield controversy see pages 2 and 3.)

new... a more potent, longer-acting progestational agent

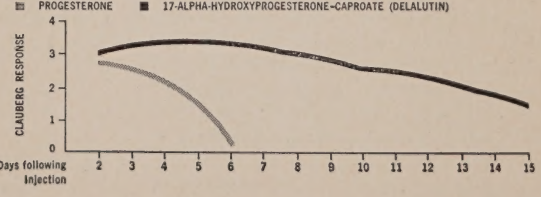
DELALUTIN

SQUIBB 17-ALPHA-HYDROXYPROGESTERONE-CAPROATE

a single injection provides sustained progestational activity for approximately 2 weeks, when enough estrogen is present, simulating endogenous progesterone production.

Vials of 2 and 10 cc. Each cc. provides 125 mg. of 17-alpha-hydroxyprogesterone-caproate

Comparative effect of single subcutaneous injection of Delalutin and progesterone on the progestational changes (Clauberg Test) in the rabbit uterus



SQUIBB

Squibb Quality—the Priceless Ingredient

*DELALUTIN® IS A SQUIBB TRADEMARK.

APROPOS OUR OWN MEDICOLEGAL ACTIVITIES

The following excerpt from an A.M.A. letter of January 11 seems timely and appropriate.

"During the fall of 1955 the American Medical Association for the first time sponsored a series of three regional medicolegal symposiums at Chicago, Omaha, and New York City. Plans have just been announced for another series of such meetings. They will be held on March 15-16, 1957, at Atlanta, Georgia; on March 22-23, at Denver, Colorado, and on March 29-30 at Philadelphia, Pennsylvania.

"The final agenda has not been prepared as yet. Some of the subjects to be included are: trauma and disease, medical expert testimony, the medical witness, and a mock trial demonstration concerning the introduction in court of the results of chemical tests for intoxication.

"In each city plans are being made for audiences of between 300 and 350 divided as evenly as possible between physicians and attorneys. The registration fee for each conference will be $5.00. This amount will cover the cost of one luncheon and any proceedings of the meeting that are published.

"Attendance at these meetings must be somewhat limited. Therefore, anyone interested in attending should register in advance and as soon as possible with the A.M.A. Law Department, 535 North Dearborn Street, Chicago 10, Illinois."

George L. Lull, M. D.
Secretary-General Manager

SPECIAL MEETING

Hampden District Meets With Lawyers

On April 1, 1957 at 8:00 P. M., a joint meeting of Hampden District Medical Society and the Hampden County Bar Association will be held at the Municipal Hospital Auditorium, Springfield.

The program will consist of a brief talk by Mr. William J. McAuliffe, Jr. of the Law Department of the A.M.A. This will be followed by a thirty minute movie entitled "The Medical Witness", which has been enthusiastically received in many parts of the country. Following the movie there will be a panel of two physicians (Joseph Hahn, Edward J. Ferrarone) and two trial lawyers (William A. Godfrey, Frederick S. Pillsbury), with Mr. McAuliffe serving as moderator, to answer medicolegal questions.

This should be an outstanding and enlightening meeting. We can all use a little extra medicolegal knowledge, and this is the greatest opportunity we have ever had. April 1st is the date. Save it!

Wayne C. Barnes, M. D., Chairman
Medicolegal Committee

when you want broad spectrum antibiotic therapy with added safety for the many common respiratory, gastrointestinal and urinary tract infections... the product to prescribe is

MYSTECLIN

Squibb Tetracycline-Nystatin

the ONLY broad spectrum antibiotic preparation with added protection against monilial superinfection

when you want specific antibiotic therapy for infections caused by Candida albicans (monilia)... the product to prescribe is

MYCOSTATIN

Squibb Nystatin

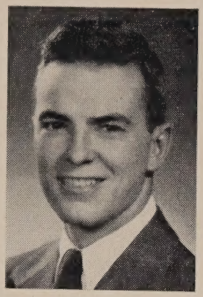
the ONLY effective and safe antifungal antibiotic available

SQUIBB *Squibb Quality—the Priceless Ingredient*

"MYCOSTATIN"® AND "MYSTECLIN"® ARE SQUIBB TRADEMARKS

NEW MEMBERS

Born: July 10, 1927 in Springfield, Massachusetts. Office: 80 Sumner Avenue, Springfield, Massachusetts. Medical Degree: University of Rochester School of Medicine - 1952. Internship: John Hopkins Hospital in Baltimore, Maryland. Residency: Obstetrics and Gynecology at the State University of New York. Specialty: Obstetrics and Gynecology. Home Address: 80 Sumner Avenue, Springfield, Massachusetts.



Louis C. Clarke, Jr.

* * * *

Born: 1922, Boston Mass. Office 337 Appleton Street, Holyoke, Mass. Medical Degree: Boston University School of Medicine—1947. Internship: Lowell General Hospital, Lowell, Mass.-1947. Residency: Massachusetts State Hospital —1948-1950.

Thomas B. Efford

Fellowship: Radiology, Cleveland Clinic 1953-1956. Specialty: Radiology. Home Address: 32 Pinehurst Road, Holyoke, Mass.

Patronize our advertisers and remember to mention the Hippocrat.

POMEROY — WILLIAMS CO.
95 States St., Springfield, Mass.
Phone 3-3217
Fourth Floor Take Elevator
"SURGICAL APPLIANCES EXCLUSIVELY."

ERRATUM

Facing the photograph of Dr. Francis J. Riley on page 12, February issue, the biography of another physician was erroneously printed. The corrected "who-is-who" of Dr. Riley is therefore hereby published.

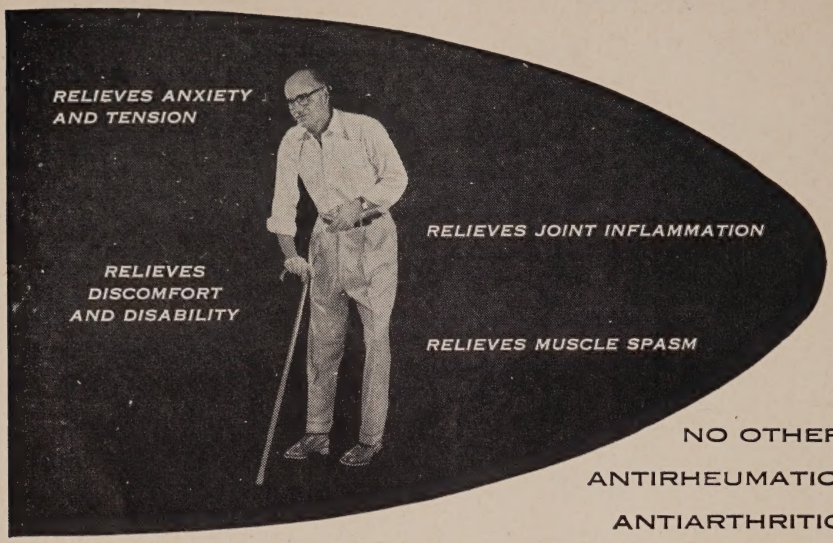
Born: April 8, 1926, Boston, Massachusetts. Office: 1268 Wilbraham Road, Springfield, Mass. Medical Degree: Harvard—1949. Interned: Walter Reed General Hospital, St. Louis Maternity Hospital. Resident: New York Lying-In Hospital, Washington University - School of Medicine at St. Louis. Fellow, Obstetrics and Gynecology. St. Louis Maternity Hospital, Obstetrics and Gynecology. Specialty, Obstetrics and Gynecology. Home Address: 1268 Wilbraham Road, Springfield, Massachusetts.

CLINICAL AND PERSONAL

The Massachusetts School Physicians' Association, in cooperation with the Massachusetts Department of Public Health, has arranged a Course for School Physicians to be held on four Wednesdays during March and April 1957. There will be no fee charged for this Course. Address communications to Sidney S. Listernick, M. D., 37 Ferry Street, Everett, Mass.

At the April 9th meeting of the Springfield Academy of Medicine Jack Richard Ewalt, M. D., Clinical Professor of Psychology, Harvard Medical School will speak on the "Practical Aspects of Psychology in Medicine and Surgery".

Dr. Samuel Segal, Jr., Springfield, participated as lecturer in a Seminar given by the American Otorhinologic Society for Plastic Surgery, which took place at the Louisiana State University Medical School, New Orleans, February 17 to 23, 1957.



NO OTHER ANTIRHEUMATIC, ANTIARTHRITIC PROVIDES AS MANY BENEFITS AS

MULTIPLE COMPRESSED TABLETS

'MEPROLONE'

MEPRO | BAMATE
PREDNISO | LONE. *buffered*

THE ONLY ANTIRHEUMATIC, ANTIARTHRITIC THAT SIMULTANEOUSLY RELIEVES:

1. MUSCLE SPASM
2. JOINT INFLAMMATION
3. ANXIETY AND TENSION
4. DISCOMFORT AND DISABILITY

Each Multiple Compressed Tablet of 'MEPROLONE' provides the antiarthritic, antirheumatic benefits of:

1. *Prednisolone buffered*—the newest and most potent of the "predni-steroids" for prompt relief of joint pain and arrest of the destructive inflammatory process.

2. *Meprobamate*—the newest and safest of the muscle-relaxant tranquilizers—relaxes accessory musculature in spasm—eases mental tension and anxiety, so often manifest in patients with rheumatic, arthritic disorders.

Indications: Rheumatoid arthritis, rheumatoid spondylitis, Still's disease, psoriatic arthritis, tenosynovitis, myositis, fibrositis, intractable asthma, respiratory allergies, allergic and inflammatory eye and skin disorders.

Dosage: 1 or 2 tablets 3 or 4 times daily.

Supplied: Multiple Compressed Tablets in bottles of 100 in two formulas as follows: 'MEPROLONE'-1—1.0 mg. of prednisolone, 200 mg. meprobamate and 200 mg. dried aluminum hydroxide gel. 'MEPROLONE'-2—provides 2.0 mg. of prednisolone in the same formula.

'MEPROLONE' *is a trade-mark of Merck & Co., Inc.*

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC. PHILADELPHIA 1, PA.

THE NEED FOR A CRITICAL ATTITUDE IN CLINICAL MEDICINE

by

Allen S. Johnson, M. D.

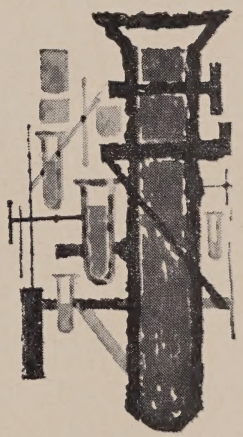
Today's bewildering additions to knowledge, particularly in the domain of medical science, demand of the clinician as never before the development of a critical attitude if he is to be more than the butt of the pharmaceutical house with the most aggressive sales policy. Among the many factors militating against the development of this facet of his character is the reverence for authority. This often extends beyond wholesome hero worship to an uncritical acceptance of the conclusions of eminent men merely because they are eminent. In his *Practical Essays on Medical Education and the Medical Profession in the United States,* Drake makes the following pertinent comment: "An overweening regard for authority in the sciences, is the offspring, either of a slender understanding or a timid spirit, still further enfeebled by bad education. It shows itself, not merely in an unsuspicious assent to alleged facts - a pardonable credulity - but in an implicit adoption of the conclusions of eminent men, when we should examine for ourselves, both their premises and reasonings."

This same slavish subservience to authoritarianism thwarted the ancients in the development of a critical attitude. Blood letting, for example, was once accepted therapy for a host of unrelated disorders tho it probably killed more patients than it saved. But it remained in vogue for centuries, not because of proven value, but out of deference to early authority. Even during the Middle Ages medicine was little more than a re-statement from

PRONEMIA*

HEMATINIC LEDERLE

minimum dosage
maximum response



dry-filled sealed capsules

High potency dosage of every known hemopoietic factor, offered in a most easily assimilable form for all treatable anemias, including maintenance of pernicious anemia patients.

Dosage is only one capsule daily

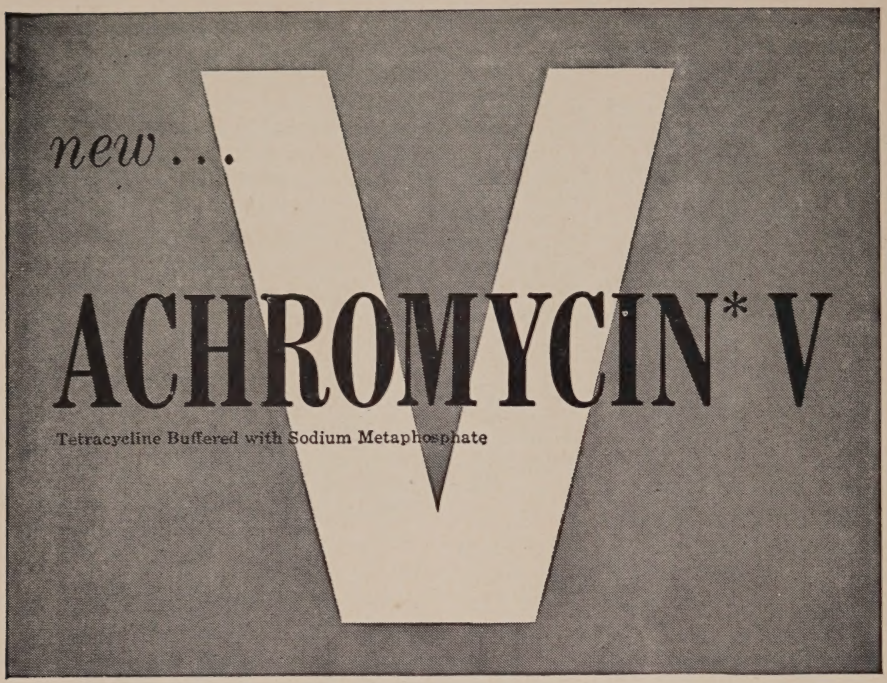
When divided dosage of this formula is preferred prescribe PERIHEMIN* *Hematinic, 3 capsules daily.*

Each capsule contains:

Vitamin B_{12} with Intrinsic Factor Concentrate	1 U.S.P. Oral Unit
Vitamin B_{12} (additional)	15 mcgm.
Powdered Stomach	200 mg.
Ferrous Sulfate Exsiccated	400 mg.
Ascorbic Acid (C)	150 mg.
Folic Acid	4 mg.

Lederle LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY
PEARL RIVER, N. Y.

*Reg. U. S. Pat. Off.



A NEW IMPROVED FORM OF A CLINICALLY PROVEN ANTIBIOTIC

ACHROMYCIN V combines the well-known antibiotic, tetracycline, with metaphosphate to provide greater and more rapid antibiotic absorption in the intestinal tract. This increased absorption is evidenced by significantly higher blood levels and by an increased rate of urinary excretion of the ingested drug.

CHEMICALLY CONDITIONED FOR GREATER CLINICAL EFFICIENCY

The chemical structure of ACHROMYCIN remains unaltered. However, its tetracycline action is intensified. Chemically conditioned with metaphosphate, ACHROMYCIN V places a newer, more effective therapeutic agent in the hands of the physician. ACHROMYCIN V is indicated in all conditions indicated for ACHROMYCIN Tetracycline. The recommended dose remains the same, one gram per day for the average adult.

Available: Bottles of 16 and 100 Capsules.
Each Capsule (pink) contains:
Tetracycline equivalent to tetracycline HCl . . 250 mg.
Sodium metaphosphate . . . . . 380 mg.
Dosage: 6-7 mg. per lb. of body weight per day for children and adults.
*Reg. U. S. Pat. Off.

ACHROMYCIN V *greater antibiotic absorption/faster broad-spectrum action*

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, N. Y. Lederle

century to century of the facts and theories of the Greeks, modified here and there by Arabian practice. The schools bowed in humble submission to Hippocrates and Galen, forgetful that the former's great contribution to medicine was the art of careful observation and that the latter was the first great experimentalist.

Paracelsus in the early 16th century typified the spirit of revolt against authoritarianism tho he was neither a particularly accurate observer nor an experimentalist. Vesalius, with his amplifications of Galen's anatomy, ushered in the era of accurate individual observation and Harvey exemplified the re-birth of the experimental spirit. The latter was the first anatomist to escape from the domination of Galen's views but they were still so revered that Harvey's work on the circulation was not fully accepted for another 50 years.

In the 18th and 19th centuries medicine began to blossom. Morgagni's morbid anatomy laid the foundation for clinical medicine in 1761 and this was amplified in the 19th century by Virchow's work on cellular pathology just in time to reap the benefit of Pasteur's germ theory of disease twenty years later. Here at last were freedom of the spirit and originality of the mind uniting to burst the bonds of tradition. But the weight of authority was lifted with painful slowness. The theory of spontaneous generation died hard despite Pasteur's convincing experiments simply because it enjoyed the support of those with intellectual prestige. Even a quarter century later the weight of Koch's authority delayed the recognition of the pathogenicity of bovine tuberculosis for man. Today, fifty years later, the human mind is still stifled in many quarters by the oppressive weight of authority.

Almost as dangerous as this unquestioning adoption of the conclusions of eminent men is the falling victim to our own persuasiveness known as wishful thinking. The experimental method should eliminate this type of bias just as it should correct the "post hoc, ergo propter hoc" type of reasoning. But emotional bias can easily warp the planning of the experiment for which no degree of objectivity in the final evaluation can compensate. That the mere sequence of events does not in itself establish causal relationship would seem self-evident yet a vast therapeutic armamentarium owes its popularity to such tenuous evidence. When this is subtly combined by a plausible salesman with impressive reference to eminent authority, the happy jingle of the manufacturer's cash register is assured. How seldom does the practitioner notice that the words of the eminent authority have been robbed of their original meaning by being lifted out of context even as "The Devil can quote scripture for his purpose"? How seldom does the therapist scrutinize the planning of the experiment on which the efficacy of his medication is based? The clinical benefit derived from many pharmaceuticals of dubious merit undoubtedly represents a placebo effect which is bound to be enhanced by the profound faith of the prescriber. Nor is such benefit to be scorned, particularly in the current era of dedication to psychosomatic disease mechanisms. Most of us have learned that even sound therapy, administered in a doubting manner, is robbed of much of its value. But this does not justify naive faith in dubious measures when the development of our critical faculties may enable us to select our therapies with such discrimination that they will warrant our intelligent confidence.

Today the eager salesman has added yet another snare for the credulous: Statistics. Before they are accepted as evidence the critical clinician must ascertain the method of obtaining the sample of data purporting to be representative of the "universe" under consideration. The larger the sample, the greater the chance of its being reliable;

but size alone cannot insure accuracy as evidenced by the famous statistical fiascos connected with two presidential elections. Many data for statistical evaluation are derived from questionnaires which may furnish a serious pitfall even if addressed to a random sample of persons considered representative of the "universe" under study. Not all questionnaires are returned and not all questions are answered. Sixty percent replies represent a good return but do they now constitute a random sample? Why did the other 40% fail to reply? Was it carelessness or did they have a hostile or prejudiced attitude toward the study? If they had replied, would their answers reflecting this prejudice have upset the conclusions drawn from the group who did reply? Percentages are very impressive if not critically examined. For example, the prevailing mortality from a certain disease is accepted as 20%. A new treatment is now touted as reducing the mortality to 10% in a recent study which turns out to consist of only 10 patients, one of whom died. In an untreated series of groups of 10 patients with this disease there will not be a uniform death rate of 2 patients in every 10. Some groups of 10 will have no mortality; others will have more than the overall 20% mortality. How, then, can we be sure that the treatment rather than chance reduced the mortality to 10% in our small group of 10 patients? The answer to this question is derived from elementary mathematics within the grasp of any doctor with the courage and curiosity to apply it.

A critical attitude, then, which is a characteristic of the sound clinician, means not indiscriminate fault finding but a happy blending of curiosity and sound judgment. Accuracy of observation; careful planning of the experiment to eliminate bias in the collection and interpretation of data; courage to scrutinize conclusions dependent for their validity upon the author's prestige. These are the disciplines which finally rescued medicine from 2000 years of stagnation.

Allen S. Johnson, M. D.

for quicker recovery

STRESSCAPS*

Stress Formula Vitamins *Lederle*

STRESSCAPS provide adequate vitamin supplementation for patients suffering from prolonged stress—surgery, burns, fractures, trauma or shock.

Stress Formula Vitamins promote wound healing, and stimulate antibody production as well as providing a nutritional reserve of water-soluble vitamins.

dry-filled sealed capsules (a Lederle exclusive!) for more rapid and complete absorption.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK Lederle

*REG. U.S. PAT. OFF.

Throughout the world

TERRAMYCIN®

BRAND OF OXYTETRACYCLINE

for the treatment of many infectious diseases . . . *after six years of use* by thousands of physicians in millions of cases . . . *a continuing favorite*

A dosage form for every indication for broad-spectrum antibiotic therapy

Pfizer PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N.Y.

Upjohn

Treat both the physiologic and psychologic aspects of peptic ulcer

Pamine*-Phenobarbital

Tablets and Elixir

Supplied:
Pamine-Phenobarbital Tablets containing methscopolamine bromide, 2.5 mg., and phenobarbital, 15 mg. (¼ gr.) in bottles of 100 and 500.

Usual adult dosage:
1 tablet ½-hour before meals and 1 or 2 tablets at bedtime.

Pamine-Phenobarbital, Half-Strength Tablets, containing methscopolamine bromide, 1.25 mg. and phenobarbital, 8 mg. (⅛ gr.) in bottles of 100.

Usual adult dosage:
2 tablets ½-hour before meals and 2 to 4 at bedtime (or 2 tablets four times daily).

Pamine-Phenobarbital Elixir containing 1.25 mg. methscopolamine bromide, and 8 mg. (⅛ gr.) phenobarbital per 5 cc. teaspoonful. In pint bottles.

Usual adult dosage:
2 teaspoonfuls four times daily.

The Upjohn Company, Kalamazoo, Michigan

*TRADEMARK, REG. U.S. PAT. OFF. THE UPJOHN BRAND OF METHSCOPOLAMINE BROMIDE

PRE-LENTEN THOUGHTS

Church-going used to be the order of the day when Hector was a pup,—long before Achilles degraded that great name,—even when collars were high and stiff, in the era of the whalebone uplift and high buttoned shoes, both male and female. Unquestionably attendance records always have been good and still are hereabouts with those who look to Rome for guidance and to the sacred scrolls,—also Mecca. But we latter-day Protestants, particularly medical ones, seem to have carried the protest against orthodoxy too far. Much too many of us have allowed such diversions as the practice of medicine to keep us from joining the missus and the kids in church or in family prayers at home. They naturally need such good influences, but the man of the household decided that he could as well make hay in God's Sabbath sunshine, by writing up the records or perhaps, digging up the turf in His great out-of-doors in the search for refreshment, both physical and spiritual!

It may be that the troubled times have turned our thoughts church-ward again,—or is it the multiplied hazards of modern existence? The inference might be natural that there is more time in the seventh decade—(the dotage?)—to think of higher things and to take stock. At the same time there is less diffidence in discussing religion. But the youth of the land also are showing encouraging interest in fundamentals, in spite of lapses of the older generation. 'Hope springs eternal in the human breast!' Verily, where else can we or they find the needed inspiration of helpful thoughts than in the sanctuary?

At the recent installation of our new minister, for example, the latter was charged when uniting young couples in matrimony, with the duty of inviting them to holy communion right after the ceremony in order to demonstrate the universality of God. With Him as a third partner, the chances of an enduring union would be much brighter. The audience too received a charge; go to church and save your minister as well as your own souls. Is it not startling to think what a 20th century physician might do with his or her patients with God as a third party! 'The possibilities are endless, they are breath-taking! Problems of public relations, including the coverage of emergencies, would vanish. The Art would not seem so long to learn even in this short life, and sainted Luke might take note with much more satisfaction of the acts of his latter-day apostles.

As for me, in accepting the charge, allow me to pass it on to you other backsliders, yea even to those who never have experienced the privilege. *Let us go to church!*

S. Q. L.

South End Pharmacy, Inc.

925 Main cor. William

RE 3-0318

* * * * *

Franklin Pharmacy

1869 Main, cor. Sharon

RE 3-9154

Ronald C. Atwater, B.S. *Reg. Pharm.*

Night Emergency Prescription Service

Doctors please call RE 3-2860

the next patient you see

that patient may need nutritional support
that patient may need a corrected diet and

THERAGRAN

Squibb Therapeutic Formula Vitamins

capsules • liquid

clinically proved, truly therapeutic dosages of the six vitamins almost invariably associated with chronic vitamin deficiency states

Each Theragran Capsule, or each 5 cc. teaspoonful of Theragran Liquid, supplies:

Vitamin A	25,000 U.S.P. units
Vitamin D	1,000 U.S.P. units
Thiamine	10 mg.
Riboflavin	10 mg.
Niacinamide	150 mg.
Ascorbic acid	150 mg.

Supply: Theragran Capsules, bottles of 30, 60, 100 and 1000. Theragran Liquid, bottles of 4 fl. oz.

SQUIBB Squibb Quality—the Priceless Ingredient

'THERAGRAN'® IS A SQUIBB TRADEMARK.